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27370 7590 06/26/2008

OFFICE OF THE STAFF JUDGE ADVOCATE
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 ATTN: MCMR-JA (MS. ELIZABETH ARWINE)
 504 SCOTT STREET
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Jill Lane Caldwell	(Depositor's name)
<i>Jill Lane Caldwell</i>	(Signature)
September 25, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/827,282	04/20/2004	Buddha D. Paul	AJIP03-582 99/25/2008 HVDONG2 00000099 210380	2639 10827282

TITLE OF INVENTION: DETECTION OF OXIDIZING AGENTS IN URINE

01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 30.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
AKRAM, IMRAN	1795	435-025000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	1 <u>Elizabeth Arwine</u> 2 _____ 3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The United States of America as Represented
 by the Secretary of the Army

U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>21-0380</u> (enclose an extra copy of this form).

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Authorized Signature Elizabeth Arwine Date 25 Sep 2008
 Typed or printed name ELIZABETH ARWINE Registration No. 45,867

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